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PATENT

Practitioner's Docket No. 0073.00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers, Jeffry G.; Tarara, Thomas E.; Dellamary, Luis A.; Riess, Jean G.; and Schutt,  
Ernest G.

Application No.: 09/851,226

Group No.: 1615

Filed: 05/08/2001

Examiner: Unassigned

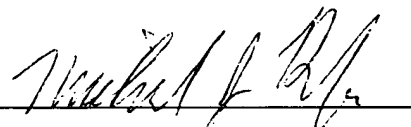
For: PHOSPHOLIPID-BASED POWDERS FOR DRUG DELIVERY

Assistant Commissioner for Patents  
Washington, D.C. 20231

TRANSMITTAL OF FORMAL DRAWINGS

In connection with the above-identified application, attached please find:

- (a) the formal drawings for this application.  
Number of Sheets: 3



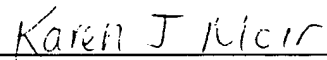
Michael J. Rafa  
Registration No. 38,740  
Inhale Therapeutic Systems, Inc.  
150 Industrial Road  
San Carlos, CA 94070  
650-631-3100  
Customer No. 21968

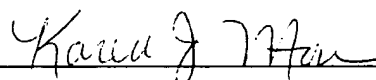
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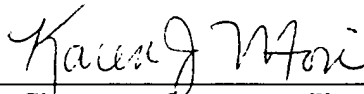
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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

|                      |                 |
|----------------------|-----------------|
| Application Number   | 09/851,226      |
| Filing Date          | May 8, 2001     |
| First Named Inventor | Jeffry G. Weers |
| Group Art Unit       | 1615            |
| Examiner Name        | Unassigned      |

Total Number of Pages in This Submission

1

Attorney Docket Number 0073.00

## ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Attached  | <input checked="" type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment / Response                                | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition    | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Endorsement(s) (please identify below):     |
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| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Small Entity Statement   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | Remarks   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | Michael J. Rafa, Inhale Therapeutic Systems, Inc. |
| Signature               | <i>Michael J. Rafa</i>                            |
| Date                    | 9/27/01   |

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| Signature             | <i>Karen J. Moir</i> | Date | 9/27/2001 |

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